

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09304 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton, Md. (Rural)  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State Maryland County TalbotCity or town Easton (Rural)  
(If outside city or town limits, write RURAL and give nearest town)Street No. James Hill  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Richard Coleman Triscoe7. Birth date of deceased (mo., day, yr.) May 21, 18678. AGE: Years 79 Months 3 Days 12 6. (c) If alive, give age years9. Birthplace Talbot Co. Md.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business At Home12. Name James Redman13. Birthplace Maryland14. Maiden name Karen Stabelford15. Birthplace Maryland16. Informant Albert MarshallAddress Easton, Md.17. Rural Date thereof Sept. 5, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director J. Ellis ClarkAddress Easton, Md.19. 9/4 19. 46 N.H. Neerue  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 19. 46 at A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 19. 45 to 9-7- 19. 46and that I last saw him alive on 9/2/ 19. 46

Immediate cause of death

DURATION

Congestive failure 2 weeksDue to Rheumatic heart disease several yrs

Due to

Other conditions arteriosclerosis yearsHerpes Zoster 3 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Cox m. D. M. D. or otherAddress Easton, Md. Date signed 9/2/46

RECEIVED

SEP 14 1946

BUREAU V. 2

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15702

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 mo.

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 1 mo.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton RD #4  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Baby Boy Dixon #2

## 3. (b) Social Security Number

4. Sex

M.

5. Color or race

B.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Harry Dixon

7. Birth date of

deceased (mo., day, yr.)

9-21-466. (c) If alive, give age 3 1/2 years

8. AGE:

Years

Months

Days

If less than one day

18

hrs.

min.

B. Birthplace

Easton Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Harry Dixon

13. Birthplace

Wise Heights Md.

MOTHER

14. Maiden name

Robert Wilson

15. Birthplace

Lyttleton Md.

18. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

46

M. H. Neume

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 19. 46 at 11:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 21 1946 19. 46 to Sept 22 19. 46and that I last saw him Sept 22 19. 46

Immediate cause of death

Congenital Heart Disease

DURATION

Due to

Due to

Other conditions

Prematurity, twin pregnancy, toxemia of mother  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Easton Md.

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 5 1946  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

## CERTIFICATE OF DEATH

Reg. Dist. No. 298

## 1. PLACE OF DEATH:

County... Talbot CoCity or town... Queen Anne  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... 27 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Talbot CoCity or town... Queen Anne  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Katherine Brill Greiner

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

widowed

## B. (b) Name of husband or wife

Joseph Greiner

## 6. (c) If alive, give age. .... years

## 7. Birth date of

deceased (mo., day, yr.)

December 25-1873

## 8. AGE:

Years

Months

Days

If less than one day

72817

hrs.

min.

## 9. Birthplace

Tarnow Austria  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER

## 12. Name

Joseph Brill

## 13. Birthplace

Austria

MOTHER

## 14. Maiden name

Annie

## 15. Birthplace

Austria

## 16. Informant

Mary Louise Greiner

## Address

Queen Anne, Maryland

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

Sept 14-46  
(month) (day) (year)

## Cemetery or crematory

Greenmount

## Location

Hillstars Maryland

## 18. Funeral director

Baister Bros

## Address

Centerville, Maryland

## 19.

(Date rec'd by registrar)

9/13 19 46N. H. Meriv

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 19 46 at 6 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 19 43, to Sept 12 19 46and that I last saw him alive on Sept 11 19 46

Immediate cause of death

Carcinoma of the  
pancreas

## DURATION

more than  
one year

Due to

Due to

Other conditions

Metastatic carcinoma  
of the liver  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. .... Date of .....

Where did injury occur? .... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

Ann L. Greiner M.D.  
Address Queen Anne Md Date signed 9/13

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REC'D

SEP 30 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

## CERTIFICATE OF DEATH

09307

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Federal  
 City or town Federal (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Federal (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_ (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

B. HOOPER HACKETT

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Mrs. Stella Hackett7. Birth date of deceased (mo., day, yr.) Jan. 28, 1888 8. (c) If alive, give age. 51 years

8. AGE: Years 58 Months 7 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cambridge, Md. (Town, county, and state)10. Usual occupation Retired11. Industry or business Real estate12. Name Mr. B. Hooper Hackett13. Birthplace Cambridge, Md.14. Maiden name Miss Penelope15. Birthplace Cambridge, Md.16. Informant Mrs. Stella M. HackettAddress Federalburg, Md.17. Burial Date thereof 9/13/46 (month) (day) (year)Cemetery or crematory Church StreetLocation Cambridge, Md.18. Funeral director G. F. Thompson & SonAddress Federalburg, Md.19. 9/11 46 N. H. Nevers (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 19 46, at 7:50 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/27 19 46 to 9/10 19 46 and that I last saw him alive on 9/10/46 19 46Immediate cause of death Adenocarcinoma, metastatic  
Site of origin undeterminedDue to (?)

Due to \_\_\_\_\_

Other conditions Thrombophlebitis  
Shock (Include pregnancy within 3 months of death)Major findings of operations General  
Calculation Date of op. 9/29/46Autopsy results Unable to obtain  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. M. Noble M. D. or otherAddress Federalburg, Md. Date signed 9/12/46

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SEP 14 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

## CERTIFICATE OF DEATH

Reg. Dist. No. 09308 290

## 1. PLACE OF DEATH:

County Garret  
 City or town Easton, Md. P.O. # 4  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
P.O. # 4  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garret  
 City or town Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. P.O. # 4  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Elba Dylane Johns

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Infant  
 8. AGE: Years 0 Months 4 Days 27 If less than one day  
 6.(c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) April 5, 1946  
 9. Birthplace Easton, Md.  
 (Town, county, and state)  
 10. Usual occupation Infant  
 11. Industry or business

12. Name Infant  
 13. Birthplace Easton, Md.  
 14. Maiden name Elba Dylane Johns  
 15. Birthplace Garret Co. Md.  
 16. Informant Mrs. Edward Johns  
 Address Easton, Md.  
 17. Burial Date thereof Sept 4, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Wheatonsburg  
 Location Easton, Md.  
 18. Funeral director P. H. Clark  
 Address Easton, Md.  
 19. 9/4 1946 N.H. Morris  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1946, at 4:30 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
8-4- 1946, to 9-2- 1946  
 and that I last saw him alive on 9-2- 1946

Immediate cause of death Pneumonia DURATION 3 days  
whooping cough 1 mo.  
 Due to  
 Due to  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations no  
 Date of op.  
 Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE P. H. Clark M.D. M. D. or other  
Easton Md Address Date signed 9-3-46

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SEP 7 1945  
BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1276

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

### 1. PLACE OF DEATH:

County Falbot  
City or town Easton Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? four days  
Hospital, institution, or street address where death occurred:  
The Memorial Hospital  
How long in hospital or institution? four days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Adels  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ✓  
(If rural, give LOCATION)

### 3. (a) FULL NAME

Mr. Clarence Johnson

### 3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Myrtle Johnson

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1895

8. AGE: Years 51 Months 5 Days 1 If less than one day hrs. min.

9. Birthplace Greensboro, Del.  
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business

12. Name William Johnson

13. Birthplace Del.

14. Maiden name Sallie Smith

15. Birthplace Del.

16. Informant Geneva Butler

Address 2500 St. Paul St. Belts Md

17. Removal 9/25/46  
(Burial, cremation, or removal) (Which?) (month) (day) (year)

Cemetery or crematory Federalist

Location Raymond B. Rawlings

18. Funeral director Greensboro Md.

Address 9/24 19 46 N.H. Neere

19. (Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23 19 46 at 1 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Coronary of heart

ascites

Due to 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Clean fluid at

paracentesis Date of op. 9-22-46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE 13 Cox m d M. D. or other

Address Easton Md Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 30 1946

BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

09310

Reg. Dist. No. 290

<b>1. PLACE OF DEATH:</b> County <u>Eastern Talbot</u> City or town <u>Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>22 days</u> Hospital, institution, street address where death occurred: <u>Memorial Hospital</u> How long in hospital or institution? <u>22 days</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Talbot</u> City or town <u>Real Oak</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2. (a) If veteran, name war _____			
<b>3. (a) FULL NAME</b> <u>Ollie A. Leonard</u>				<b>3. (b) Social Security Number</b> _____			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6. (b) Name of husband or wife</b> _____		<b>6. (c) If alive, give age</b> _____ years		<b>2D. DATE OF DEATH</b> <u>September 3, 1946</u> , at <u>10<sup>12</sup> A.M.</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>January 30, 1858</u>		<b>8. AGE:</b> Years <u>88</u> Months <u>7</u> Days <u>3</u> If less than one day _____ hrs. _____ min.		<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Aug. 12, 1946</u> <b>to</b> <u>Sept. 3, 1946</u> <b>and that I last saw him alive on</b> <u>September 3, 1946</u>			
<b>9. Birthplace</b> <u>Talbot Co. Md.</u> (Town, county, and state)		<b>10. Usual occupation</b> <u>Retired</u>		<b>11. Industry or business</b> <u>Waterman (Capt)</u>		<b>Immediate cause of death</b> <u>Coronary Thrombosis</u> <b>DURATION</b> <u>3 weeks</u>	
<b>FATHER</b>	<b>12. Name</b> <u>John Leonard</u>		<b>13. Birthplace</b> <u>Md.</u>		<b>Due to</b> _____		<b>Other conditions</b> <u>Arteriosclerosis generalized</u> (Include pregnancy within 8 months of death)
	<b>14. Maiden name</b> <u>Mary J. Townsend</u>		<b>15. Birthplace</b> <u>Md.</u>		<b>Due to</b> _____		
<b>MOTHER</b>	<b>16. Informant</b> <u>Mrs. Lester Pastorfild</u>		<b>Address</b> <u>Real Oak, Md.</u>		<b>Major findings of operations</b> _____ Date of op. _____		<b>Autopsy results</b> _____ <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>
	<b>17. Burial, cremation, or removal (Where?)</b> <u>Burial</u> Date thereof <u>9/5/46</u> (month) (day) (year) <b>Cemetery or crematory</b> <u>Spring Hill</u> <b>Location</b> <u>Eastern Md.</u>		<b>18. Funeral director</b> <u>Blair</u>		<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> <b>Accident, suicide, or homicide</b> _____ <b>Date of</b> _____ <b>Where did injury occur?</b> (City or town) _____ (County) _____ (State) _____ <b>Injured at home, farm, industry, public place (where?)</b> _____ <b>Means of injury</b> _____ <b>Injured at work?</b> _____		
<b>19. (Date rec'd by registrar)</b> <u>9/4</u> <u>46</u>		<b>Registrar</b> <u>N.H. Nevins</u>		<b>23. SIGNATURE</b> <u>[Signature]</u> <u>E.D.</u> <b>Address</b> <u>Eastern Md.</u> <b>Date signed</b> <u>9-7-46</u>			

RECEIVED  
SEP 7 1946  
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *MV*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17020

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County *Talbot*  
 City or town *Easton Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
*Public Highway near Easton, Md.*  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State *Maryland* County *Talbot*  
 City or town *Easton*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. *Rural*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war *World War #2*

## 3. (a) FULL NAME

WARD EDWARD LONG

## 3. (b) Social Security Number

218-24-2614

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*8. (b) Name of husband or wife *Gertrude Fluharty*7. Birth date of deceased (mo., day, yr.) *December 10, 1923* 6. (c) If alive, give age *19* years8. AGE: Years *22* Months *9* Days *12* If less than one day *hrs. min.*9. Birthplace *Talbot Co. Md.*  
(Town, county, and state)10. Usual occupation *Electrician*11. Industry or business *Easton Utilities Commission*12. Name *Walter Edwin Long*13. Birthplace *Maryland*14. Maiden name *Margie Baker*15. Birthplace *Maryland*16. Informant *Mrs. Walter E. Long (Mother)*Address *Easton, Md. (Rural)*17. (Burial, cremation, or removal. Which?) *Burial* Date thereof *Sept. 27, 1946*  
(month) (day) (year)Cemetery or crematory *Spring Hill*Location *Easton, Md.*18. Funeral director *P. Selig Clark*Address *Easton, Md.*19. *9/24* *46* *H. H. Neerie*  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *September 27, 1946*, at *1:45* P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *19* to *19*and that I last saw him *alive* on *19*Immediate cause of death *Fractured skull*Due to *auto accident*

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *9-27-46*Where did injury occur? *nr. Easton Talbot Md*  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) *public highway*Means of injury *auto accident* Injured at work? *no*23. SIGNATURE *Louis P. Kelly, MD Dept. Health*  
Address *Easton Md* M. D. or otherDate signed *9-23-46*

RECEIVED

SEP 30 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *MV*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *170-3*

## CERTIFICATE OF DEATH

09312

Reg. Dist. No. *290*

## 1. PLACE OF DEATH:

County *Harford*City or town *Beltsville*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *1 hr.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Ernest M. Neal*4. Sex *M.* 5. Color or race *W.* 6. (a) Single, married, widowed, or divorced *S*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Feb 3, 1942*8. AGE: Years *4* Months *7* Days *5* If less than one day .....hrs. ....min.9. Birthplace *Beltsville, Md.*  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name *Ernest M. Neal*13. Birthplace *Beltsville, Md.*14. Maiden name *Penelope Sullivan*15. Birthplace *Beltsville, Md.*16. Informant *Ernest M. Neal*Address *Beltsville, Md.*17. *Burial* Date thereof *Sept 10, 1946*  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory *Springfield*Location *Beltsville, Md.*18. Funeral director *Beltsville, Md.*Address *Beltsville, Md.*19. *9/9* *46* *N. B. Neuman*  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Harford*City or town *Beltsville*  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2. (a) if veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Sept 5* 19 *46* at *9:05 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

*Multiple fractures*Due to *Car struck by train at*Due to *Grade Crossing at*Other conditions *Unpaved Road*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *9-8-46*Where did injury occur? *in Beltsville* *Beltsville* *Md.*  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) *public road*Means of injury *see above* Injured at work? *No*23. SIGNATURE *Louis M. M. Dep. 1 rec'd by*Address *Beltsville, Md.* M. D. or otherDate signed *9-8-46*

RECEIVED  
SEP 14 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *mv*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17020

## CERTIFICATE OF DEATH

Reg. Dist. No. *0931290*

## 1. PLACE OF DEATH:

County *Eastern*City or town *Easton, Md.*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *Feb.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Oliver D. McNeal*4. Sex *M.* 5. Color or race *W.* 6. (a) Single, married, widowed, or divorced *Widowed*6. (b) Name of husband or wife *Fluence McNeal*6. (c) If alive, give age *14* years7. Birth date of deceased (mo., day, yr.) *Sept 14<sup>th</sup>, 1886*8. AGE: Years *59* Months *11* Days *24* If less than one day *hrs.* *min.*9. Birthplace *Easton, Maryland*  
(Town, county, and state)10. Usual occupation *Laborer*

11. Industry or business

12. Name *Rufus McNeal*13. Birthplace *Md.*14. Maiden name *Louis McCracklin*15. Birthplace *Md.*16. Informant *Mrs. Fred R. McNeal*Address *Easton, Md.*17. *Buried* Date thereof *Sept 10, 1946*  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory *Calvary, Easton, Md.*Location *Easton, Md.*18. Funeral director *W. H. Beck*Address *Easton, Md.*19. *9/9* 19 *46* *H. R. Neer*  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Talbot*City or town *Easton*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *101*  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

*215-16 3976*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Sept 8* 19 *46* at *9:55 AM*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *19* to *19*and that I last saw h. *alive* on *19*

Immediate cause of death

Due to *Multiple fractures*Due to *Auto struck by train at*Due to *grade crossing at*Other conditions *Chapel Road*

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *9-8-46*Where did injury occur? *in Easton* *Talbot* *Md.*  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) *public road*Means of injury *see above* Injured at work? *no*23. SIGNATURE *Louis D. Wooty, MD* *Dep. Med. Dir.*  
*Easton, Md.* M. D. or other *9-8-46*Address *Easton, Md.* Date signed *9-8-46*

RECEIVED

SEP 14 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *mv*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *17020*

## CERTIFICATE OF DEATH

Reg. Dist. No. *290*

## 1. PLACE OF DEATH:

County *Prince George's*  
 City or town *Easton, R.D.*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *1 mo.*  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Thomas W. Neal*

4. Sex

*M.*

5. Color or race

*W.*

6. (a) Single, married, widowed, or divorced

*D.*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

*Oct. 25, 1937*

8. AGE:

Years

Months

Days

If less than one day

*5**10**13*

hrs.

min.

9. Birthplace

*Delmar, Del.*  
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

*Edward R. McNeal*

13. Birthplace

*Del.*

14. Maiden name

*Pauline M. Mullen*

15. Birthplace

*Del.*

16. Informant

*Edward R. McNeal*

Address

*Easton, Md.*

17. (Burial, cremation, or removal, which?)

Date thereof

*Sept. 10, 1946*  
(month) (day) (year)

Cemetery or crematory

*Union Hill*

Location

*Easton, Md.*

18. Funeral director

*W. J. G. G. G.*

Address

*Easton, Md.*

19.

(Date rec'd by registrar)

19.

*46**N. H. Neer*  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

*Md.*

County

*Prince George's*

City or town

*Easton*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Sept. 8*

19.

*46* at *9:55 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

to

19.

and that I last saw h.

alive on

19.

Immediate cause of death

*Multiple fractures*

Due to

*Auto struck by train*

Due to

*at grade crossing at*

Other conditions

*Chapel Road*

(Include pregnancy within 3 months of death)

## DURATION

*Injured*

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

*accident*

Date of

*9-8-46*

Where did injury occur?

*in Easton**Prince George's**Md.*

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

*Public Road*

Means of injury

*see above*

Injured at work?

*no*

23. SIGNATURE

*Louis J. M. M. D. D. M. D. M. D.*

M. D. or other

Address

*Easton, Md.*Date signed *9-8-46*

RECEIVED

SEP 14 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 yrs. 6 mos.  
 Hospital, institution, or street address where death occurred:  
Elbe Road  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Elbe Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

JOSEPH H. MORGAN

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Beatrice Craft  
 B.(c) If alive, give age 79 years  
 7. Birth date of deceased (mo., day, yr.) March 25, 1860  
 8. AGE: Years 86 Months 5 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Talbot Co. Md.  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farming

12. Name Franklin Morgan

13. Birthplace Maryland

14. Maiden name Mary Matilda Bartlett

15. Birthplace Maryland

16. Informant Mrs. Joseph Henry Morgan

Address Easton, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof Sept. 25, 1946  
 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director P. Ellis Clark

Address Easton, Md.

19. 9/24 46 N.H. Neer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1946, at 1:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1945 to 9/23/ 1946  
 and that I last saw him alive on 9-1- 1946

Immediate cause of death \_\_\_\_\_

Arteriosclerotic Heart

Disease

Due to arteriosclerosis

Generalized

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P.B. Cox M.D.

Address Easton Md. Date signed 9/23/46

RECEIVED

SEP 30 1946

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital, Easton, Md.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Queen Anne's  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Carolyn Ann  
Baby Girl Nichols

## 3. (b) Social Security Number

4. Sex

7

5. Color or race

D

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept. 6 1946

8. AGE:

Years

Months

Days

If less than one day

1+

37

hrs.

min.

9. Birthplace

Queen Anne, Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Winifield Nichols

13. Birthplace

Virginia

14. Maiden name

Cora Anne Roe

15. Birthplace

Philadelphia, Pa.

16. Informant

Winifield Nichols (father)

Address

Queen Anne, Md

17.

Burial

Date thereof

9-9-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hillshors Cemetery

Location

Hillshors Md

18. Funeral director

Winifield Nichols

Address

Queen Anne, Md

19.

9/8

19

46N.H. Norris  
Registrar

(Date fee (if by registrar))

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 8

19.

46

at

8:00

A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 6

19.

46

to

Sept 8

19.

46

and that I last saw him alive on

Sept

19.

46

Immediate cause of death

6 1/2 mo. Rematose Infants  
Indicia - myocardial  
Failure

Due to

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lozzie White M.D.

M. D. or other

Address

Kidgley

Date signed

RECEIVED  
SEP 14 1965  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

09317

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: *Talbot*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:  
*54 S. Washington St.*  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Md*..... County.....*Talbot*  
 City or town.....*Easton*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....*54 S. Washington St*  
 (If rural, give LOCATION)  
 2(a) If veteran, name war.....*World War I*

3. (a) FULL NAME  
*James Jacob Price*

3. (b) Social Security Number  
*218-16-7695*

4. Sex.....*Male*..... 5. Color or race.....*white*..... 6. (a) Single, married, widowed, or divorced.....*married*  
 6. (b) Name of husband or wife.....*Harriet Price*  
 7. Birth date of deceased (mo., day, yr.).....*June 12 1895*..... B. (c) If alive, give age.....*45*..... years  
 8. AGE: Years.....*51*..... Months.....*21*..... Days.....*27*..... If less than one day..... hrs. .... min.

9. Birthplace.....*Talbot Co., Md.*  
 (Town, county, and state)

10. Usual occupation.....*Pensioner World War I Vet*

11. Industry or business.....

12. Name.....*John Leonard Price*

13. Birthplace.....*Talbot Co., Md.*

14. Maiden name.....*Catherine Covey*

15. Birthplace.....*Talbot Co., Md.*

16. Informant.....*Mrs James J. Price*

Address.....*Easton, Maryland*

17. Burial.....*Burial*..... Date thereof.....*Sept 11, 1946*  
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory.....*Lauding Neck*

Location.....*Lauding Neck - Easton Rural*

18. Funeral director.....*Maurice E. Duossant*

Address.....*Easton Md.*

19. *9/11*.....*46*.....*N.R. Nerius*  
 (Date rec'd by registrar)..... Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Sept. 9, 1946*..... at.....*3:30 PM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....*Sept 9, 1946*..... to.....*Sept 9, 1946*..... and that I last saw him.....*alive on Sept 9, 1946*.....

Immediate cause of death.....*Coronary Occlusion*..... DURATION.....*2 hrs*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*M.D.*..... M. D. or other

Address.....*Easton Md*..... Date signed.....*9/10/46*

RECEIVED

SEP 14 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1250

## CERTIFICATE OF DEATH

Reg. Dist. No. 590

## 1. PLACE OF DEATH:

County SabbatCity or town Boston  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Ridgely  
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓  
(If rural, give LOCATION)2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Black 6. (a) Single, married, widowed, or divorced Single

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

19266. (c) If alive, give age 19 years8. AGE: Years 20 Months 20 Days 20 If less than one day 20 hrs. 20 min.B. Birthplace Ridgely Caroline Md.  
(Town, county, and state)10. Usual occupation H.W.

11. Industry or business

12. Name Henris Thomas13. Birthplace Maryland14. Maiden name Adeline Freeman15. Birthplace Maryland16. Informant Marion ThomasAddress Ridgely Md.17. Burial 9/19/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Thomas Burial GroundLocation Near Ridgely Md.18. Funeral director R. B. R. PhillipsAddress Greensboro, Md.19. 9/17 19 46 D. H. O'Brien  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 19 46 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 10 19 46 to Sept 16 19 46and that I last saw her alive on Sept 16 19 46

Immediate cause of death

Panto yellow atrophyDue to 1. Biology unknownDue to 2. Biology unknownOther conditions 1. Biology unknown

(Include pregnancy within 3 months of death)

Major findings of operations 1. Biology unknownAutopsy results acute T. line

PHYSICIAN: Please underline the cause to which death should be charged statistically.

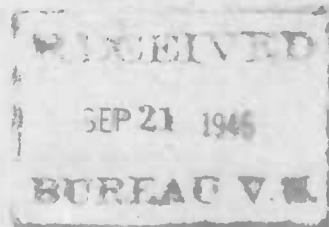
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 1. Biology unknown Date of 9/17/46

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury 1. Biology unknown Injured at work?23. SIGNATURE 1. Biology unknownAddress Eastern Md. Date signed 9/17/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Easton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Md. County... Talbot  
 City or town... Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Bessie B. Todd

## 3. (b) Social Security Number

4. Sex... Female 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Widow  
 6.(b) Name of husband or wife... Charles M. Todd  
 7. Birth date of deceased (mo., day, yr.)... Oct. 23, 1870 8.(c) If alive, give age... years  
 8. AGE: Years... 75 Months... 10 Days... 17 If less than one day... hrs. min.

9. Birthplace... Whitestone, Virginia  
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... John Carter  
 13. Birthplace... Whitestone Va.

14. Maiden name... Mary Carter  
 15. Birthplace... Whitestone Va.

16. Informant... J. Orlean Todd  
 Address... Easton, Md.

17. Burial Date thereof... Sept. 12 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Spring Hill Cemetery

Location... Easton, Md.

18. Funeral director... John D. Williams

Address... Easton, Maryland

19. 9/10 19 46 Registrar... N. S. Neer  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Sept. 9 19 46 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 30 to Sept. 19 46  
 and that I last saw him alive on Sept. 8 19 46

Immediate cause of death... Carcinoma of the breast (recurrent)

Due to... Parkinson's Disease

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... William S. Seymour M. D. or other  
 Address... Easton, Md. Date signed... 9-10-46

RECEIVED  
SEP 14 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 19320

## 1. PLACE OF DEATH:

County... Talbot

City or town... Bruceville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? :

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Talbot

City or town... Bruceville  
(If outside city or town limits, write RURAL and give nearest town)Street No. :  
(If rural, give LOCATION)

2.(a) If veteran, name war :

## 3. (a) FULL NAME

Logan M. Talley

## 3. (b) Social Security Number

None

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Male

White

Divorced

## 6. (b) Name of husband or wife

## 8. (c) If alive, give age : years

## 7. Birth date of

deceased (mo., day, yr.) Jan. 27, 1868

## 8. AGE:

Years

Months

Days

If less than one day

78

8

21

hrs.

min.

## 9. Birthplace

Regina, Virginia  
(Town, county, and state)

## 10. Usual occupation

Cabinet Maker

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

John Talley

## 13. Birthplace

Regina, Va.

## 14. Maiden name

Laura Chapman

## 15. Birthplace

Regina, Va.

## 16. Informant

Mrs. Mary B. Jackson

## Address

Buddswood, New Jersey

## 17. (Burial, cremation, or removal. Which?)

Burial

## Date thereof

Dec 1, 1946  
(month) (day) (year)

## Cemetery or crematory

Hendy Hill

## Location

Talbot Co. Md.

## 18. Funeral director

Maurice E. Foxworth

## Address

Easton, Md.

## 19. (Date rec. by registrar)

Sept 30, 1946

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29, 1946, at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 27, 1946, to Sept 29, 1946  
and that I last saw him alive on Sept 29, 1946

## Immediate cause of death

Cardiac decompensation

## Due to

Thrombosis

## Due to

Arterio-sclerosis

## Other conditions

Systolic heart

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. :

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide : Date of :

Where did injury occur? :  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) :

Means of injury : Injured at work?

## 23. SIGNATURE

Jon Flaborn, M.D.

M. D. or other

Address : Date signed : 9/30/46

RECEIVED  
OCT 2 1946  
BUREAU